

**Testimony of Melisa Luginbuhl
Executive Director of ERASE, Inc.
Connecticut Prevention Network**

H.B. No. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR.

*February 23 2017 Appropriations Subcommittee on Health Public Hearing
Department of Mental Health & Addiction Services, Regional Action Council Funding*

Senator Osten, Senator Formica, Representative Walker, Senator Gerratana, Senator Markley, Representative Dillon and members of the Appropriations Subcommittee, my name is Melisa Luginbuhl and I am the Executive Director for ERASE, Inc. I am submitting this testimony to strongly oppose the grave cuts to regional action councils that will decimate the current prevention network structure.

The proposed cut would eventually cause my agency to cease to exist. In essence it is eliminating the entire structure and it would undo the many grassroots partnerships that have been established by ERASE and partner organizations over the past 20 years not to mention jobs, current programs and the outreach and community needs we meet.

ERASE staff are trained prevention professionals and play a key role in our ability to technically assess community needs in the drug prevention and mental health, which has ultimately helped towns secure additional funding to deliver community based services that address a range of public health, social and mental health issues. Some examples that come to mind immediately include the research support that we have provided helping to assess students substance abuse and mental health indicators in our communities, including the perception of school safety and school climate. This work has supported community strategies to reduce underage drinking, expand anti bullying programs and suicide prevention programs. The RACs also bring current substance abuse concerns, new legislation and resources to the community such as making communities aware of new legislation. RACS also provide training that meets local needs such as QPR, Connect and Mental Health First Aid, State Wide Tobacco Education and funding medical drop boxes allowing people to dispose of their old medications limited access to prescription drugs. And RACs support data collection through school surveys and regional reports that provide essential information needed for competitive grant applications and in many cases RACs assist with grant applications.

CPN with the current structure of 13 RACs is critical to the prevention needs in CT. CPNs ability to influence change and provide assistance to its member towns is based on continuity and effective solid relationships. In fact, these relationships are what enables CPN to effectively fulfill the role of substance abuse planning that DMHAS has prescribed. CPN is able to provide reports to DMHAS and plan regional efforts using evidence-based models because of its relationship with local contacts. These relationships enable CPN to call community representatives with requests for data, in-person meetings and information and have a response within 24 hours. RACs have knowledge of local needs, resources and the culture of regions throughout CT and they are able to support local grassroots community based prevention efforts through their work with Local Prevention Councils. Having the expertise of these RACs at the tables of LPC meetings each month has a) assured that local, state and private investments in prevention programs are being spent wisely and b) helping assure that this work is aligned with answering that most important of all that **we are we making a meaningful and lasting difference in the lives of those we serve through the services we provide.**

We urge you to reject the severe budget cuts to regional action councils and keep in place the current CT Prevention Network structure.